

PROVIDER HANDBOOK



ACCESSING RECOVERY IN RHODE ISLAND

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I. INTRODUCTION

Accessing Recovery in Rhode Island (RI ATR) is a client-centered, community based recovery program involving clinical treatment, faith-based counseling and support, and other services that provide client support during the recovery process. RI ATR is a federally funded initiative designed to increase access to substance abuse services and other assistance through independent assessment, client choice of all providers, and linkages with faith based and community based organizations. Services are funded through an electronic voucher issued to clients.

ATR is funded by a grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) awarded to the State of Rhode Island and administered by the RI Department of Mental Health, Retardation and Hospitals (MHRH). This is a three year grant that runs from October 1, 2007 to September 30, 2010.

The target groups for the RI ATR are clients connected with the Department of Corrections (DOC), the Rhode Island Training School (RITS), the Department of Children, Youth and Families (DCYF), Federal Probation, the RI Public Defenders Office and nondeployed uninsured members of the RI National Guard. Clients must have a substance abuse issue to qualify for services. Clients are referred for services and go through a central intake.

Clinical Treatment and Recovery Support Services are critical to positive client outcomes. For many individuals, the difference between success and failure in recovery will depend upon the access to supportive service(s). Faith-based and community organizations, already deeply engaged in the challenge of providing aid to those struggling with substance abuse issues, are among the primary providers of RI ATR services.

II. PRINCIPLES OF SERVICE

- A. No single service is appropriate for all individuals. Matching settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
- B. Treatment and recovery support need to be readily available. Because individuals who are addicted or abusing drugs may be uncertain about recovery, taking advantage of opportunities when they are ready is crucial.

- C. Effective recovery support and treatment attend to multiple needs of the individual, not just drug use. To be effective, all components of recovery and treatment must address the individual's drug use as well as associated medical, psychological, social, spiritual, vocational, and legal problems.
- D. An individual's treatment and recovery services plan must be continually assessed and modified as necessary to ensure the person's changing needs are met. A person may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a client may require a wide range of services including medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is vital that ATR services be appropriate to the individual's age, gender, ethnicity, language, and culture.
- E. Services should be available, accessible, and acceptable to culturally and racially diverse groups of men or women, regardless of age, gender, language ability, and sexual orientation, physical, mental or emotional ability level. In addition, specific tradition, custom or other practices and principles related to healing and recovery employed by specific groups, tribes, faith-based organizations, or other entities are recognized as significant components of self-identity, self-value and recovery and as appropriate for ATR funding.
- F. Duration of services for an adequate period of time is essential for effectiveness. The appropriate duration for an individual depends on his or her problems and needs. . Because people often leave treatment or support services prematurely, programs should include strategies to keep individuals engaged.
- G. Aftercare for those individuals who have successfully completed treatment will maintain the progress towards recovery.

III. GENERAL REQUIREMENTS

A. Business licenses

Providers must document all applicable business licenses including, but not limited to: Business Registration and State of Rhode Island Taxation and Revenue Department Certificate.

B. Confidentiality

Providers shall maintain a record on each individual, maintain the individual's records and the individual's identifying information in a confidential manner, and secure consent for the release of client information in accordance with State and Federal Regulations (Title 42, Code of Federal Regulations, Part 2).

C. Conflict of Interest

Each institution participating in the RI ATR network must have written policy guidelines on conflict of interest and avoidance thereof. These rules must indicate how outside activities, relationships, and financial interests are reviewed and reported by the responsible and institution official(s).

D. Credentialing of Providers

MHRH reserves exclusive rights to determine Provider eligibility, appropriateness for service, and access to the RI ATR network. Such determination may be based on licensure in good standing; training or certification; evidence of competency; interviews; or other knowledge of significance unique to the individual provider. The determination of credentialing by the MHRH ATR credentialing committee shall indicate provider responsibility to provide only approved and credentialed services in the geographic location specified in the application or addendum to the application. RI ATR credentialing does not award or assign any sort of licensure or certification, nor supersede the legal requirements or responsibilities of Federal, Tribal, State, County or municipal law regarding the following: protection of client confidentiality; maintenance of licensure or other professional standing; maintenance of liability and other essential insurance; ethical and appropriate interaction with clients as individuals, families or group members; nor any other legal, fiscal or ethical responsibility.

E. Government Performance and Results Act (GPRA)

All ATR clients are required to complete a series of survey known as GPRA. Specifically these clients are required to complete an intake GPRA; follow-up GPRA and a discharge GPRA. State designated Assessors are responsible for completing all intake GPRA's.

The follow-up GPRA must be conducted and entered into the voucher management system 5 to 8 months after intake. The follow-up GPRA must be entered before the discharge GPRA. Assessors determine and note on the voucher which provider will complete the follow-up GPRA based on the likelihood of the client being in contact with the provider at month 5. Primary agencies for GPRA assignment are Methadone Providers, Substance Abuse Treatment Providers who will have contact with the client for at least 5 months and Mental Health Providers who also have 5 or more months of client contact and sober houses.

It is imperative that providers are diligent about completing the follow-up GPRA. Failure to complete 80% of follow-up GPRA's will impact the success of the grant and jeopardize future funding.

If the client cannot be located after the provider follows the proper protocols for trying to locate the client, the provider must notify MHRH right away so that additional measures can be taken to track the client. Providers will be monitored to ensure compliance

The discharge GPRA should be entered only after the client completes all services. Once the discharge GPRA is entered it ends all services and prohibits entry of the follow up GPRA. If the discharge GPRA is done first, in error, contact MHRH.

Administration and entry of the GPRA surveys are reimbursable through the ATR voucher system. Clients completing a follow-up GPRA are eligible for a \$20 voucher.

Instructions for completing the GPRA and a downloadable version of it are located on line in the library section of the voucher management system.

F. Licensure, certification, credentials or other staff qualification

1. Providers must maintain accurate and up-to-date records of staff qualifications.
2. Providers shall monitor staff licensure, certification, or other qualifications for employment to ensure that employees are compliant with municipal, county, state or ATR programmatic requirements.

G. Organizational Governance

Each organization must have a governing body, or recognize a tradition, custom or other form of governance which establishes the foundation for accepted and appropriate practice within the community being served (hereafter referred to as "governing body"). The governing body must meet to provide organizational and operational management as well as a written budget, planning and quality assurance, as appropriate.

H. New Provider Services or Locations

1. Before a new ATR clinical or recovery support service can be added for an approved provider, a revised application must be submitted.
2. If there is a change to the geographical location where specific ATR services are provided or the addition of a site, a contract addendum is required

I. Provider Compliance with Health and Safety Regulations

All individuals shall be served in a safe facility. Facilities used by a program are required by law to be in compliance with fire and safety standards established and enforced by the State Fire Marshall, and health, safety and occupational codes enforced at the local level. In providing services, programs must meet all the requirements of the American with Disabilities Act of 1990.

J. Provider Liaison/ Primary Contact

Providers must have at least one staff person designated as the primary contact person for email messages, ATR RI trainings and meetings. The liaison /representative is responsible for forwarding all ATR information to appropriate ATR staff within their agency.

K. Protection of Individuals

The rights of individuals who are admitted to programs shall be assured and defined in each Provider's operating standards. This includes operating standards that protect the dignity, health, and safety of individuals.

L. Providers and Employees

Employees and immediate family members of ATR Providers and other entities with a Letter of Agreement with MHRH for ATR services are not eligible for any services through ATR. If this population requests services, they should be referred to agencies outside the ATR funding stream for assessment and appropriate treatment. MHRH will be available to help facilitate appropriate referrals.

M. Quality Assurance

ATR support service Providers must conduct client satisfaction surveys to ensure quality of services.

N. Religious Activity and Client Choice

1. Religious Character and Independence.

A religious organization that provides services for the ATR Grant will retain its independence from Federal, State, local governments and MHRH. It may continue to carry out its mission, including the definition, practice and expression of its religious beliefs. The organization may not expend funds that it receives for ATR recovery support services to support any inherently religious activities, such as worship, or proselytization.

Faith-based organizations may use space in their facilities to provide services supported by ATR without removing religious art, icons, scriptures, or other symbols. In addition, a religious organization retains authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.

2. Referral to an Alternative Provider.

If an ATR client, while receiving services, objects to the religious character of an ATR Provider, that Provider shall, within 1 week, refer the client to the assessing agency for alternate ATR recovery support services.

O. Staff or Capacity Changes

1. Provider organizations shall inform the MHRH ATR Team of all pertinent staff changes in a timely manner.
2. Changes to employment status or level of licensure, certification or other significant staff modifications shall be promptly reported to the MHRH ATR Team.
3. Providers must notify the MHRH Team, in writing, 2 weeks prior to temporarily closing for new referrals.
4. Providers must insure that all current and new staff has Criminal Background Checks and/or Child Abuse and Neglect Tracking System checks in compliance with DCYF standards

P. Termination

1. MHRH or the Provider may terminate the provider agreement for any reason with forty-five (45) days written notice to the other party.
2. If the Provider fails to comply with any terms, conditions, requirements, or provisions of this Handbook or commits client abuse, exploitation, malpractice, fraud, embezzlement or any other serious misuse of funds, MHRH may notify the Provider in writing. If the Provider does not remedy the situation within a period of time specified in writing by MHRH, the provider agreement may be terminated immediately following the end of the time period for remedial action or earlier if it affects the health or welfare of clients.

Q. Voucher process, referral and management

Careful monitoring and management of the voucher is vital to the fiscal solvency and viability of ATR funds and to the effectiveness of the ATR service model. Voucher management is a primary responsibility of all ATR providers. To this end, all ATR stakeholders must understand and comply with the fundamental requirements of the voucher process. The following outline of policies and procedures are intended to provide guidelines on the voucher process, referral and management.

1. The Assessor Staff will perform the initial assessment, GPRA, client demographic information; have client sign proof of choice form and confidentiality form. They will establish the service plan for both clinical and recovery support services and load them onto the voucher.

2. If a client does not complete an assessment or is denied services, the referral source will be informed by the Assessor Staff.
3. Assessors will make efforts to set up all initial appointments during the assessment but no later than 2 business days after the assessment.
4. At the assessment, the client will receive a written copy of all services on the voucher, contact information for all providers as well as the assessor and the date, time and location of appointments made and those that are pending or need to be scheduled. The client will also be informed orally and in writing, of the end date of services, the importance of the follow-up GPRA and follow-up GPRA gift certificate.
5. Those providers listed on the voucher will receive an email message with the client's voucher number. The provider can then login to the RI ATR website to look at the client information. It is expected that services begin within 2 weeks of referral, with the exception of psychiatric services.
6. The Assessor Staff have primary responsibility for connecting clients with appropriate service providers with a primary consideration of client choice. If an Assessor is unable to set up the initial appointment, it is the providers' obligation to do so. If, after making reasonable efforts to locate the client, the provider cannot make contact, the Assessor will be notified by the provider and the service removed from the client's voucher.
7. When an Assessor is informed that a client is not active with a provider, s/he will then determine if the client is active with the GPRA assigned agency. If not, the Assessor will assign the GPRA to another provider on the voucher with whom the client is active. If the client is not active with any provider, the Assessor will promptly forward the voucher number to MHRH.
8. The Assessor shall have primary responsibility of assessing eligibility and need for ATR services and for assigning individuals to appropriate service providers with a primary consideration for client choice.
9. All ATR vouchers are issued for one 6-month period of service; with the exception of recovery coaching, GPRA and aftercare. Vouchers are nonrenewable.
10. No ATR provider may refer a client directly to another ATR provider. Providers may request changes in services with client's permission. The request must be in writing and submitted on the attached forms. Written requests for changes will be processed within 5 business days of receipt, except for voucher changes for transition of released offenders out of a 30 day residential placement. These will be processed no later than 3 business days after receipt.
11. Providers must notify their clients prior to the last appointment paid by the voucher of the cost and conditions for continuation of services.

12. Services provided to clients before or after the voucher period are not reimbursable.

R. Voucher Oversight

The Assessment Contract Director and the MHRH ATR Clinical Supervisor shall oversee and monitor appropriate mix and use of the voucher.

S. Voucher Management System Training and Provider Profile Requirements

1. All ATR providers or a designated staff trainer must attend an ATR website training pertinent to the services offered prior to providing services. This training is held at least once a month.
2. All providers must submit a provider profile before receiving referrals. The profile will be completed on a template provided by MHRH.

T. Billing, Data Entry and Reimbursement

1. Service data will be entered directly onto the website. This data must be entered weekly. No paper bills or invoices are permitted.
2. Service data entered within 15 calendar days of the transaction date will be reimbursed at 100%
3. Service data entered within 16 to 45 calendar days of the transaction date will be reimbursed at 50% payment
4. Service data entered after 45 calendar days of the transaction date will not be reimbursed
5. Assistance is available for providers needing additional help with billing.
6. Agencies are paid once a month. For specifics regarding payment breakdown, please e-mail dbhcontracts@mhrh.ri.gov.

IV. *SERVICES PROVIDED*

A complete list of provider profiles is located in the library section of the Voucher Management System. Rates for services as well as the number of units allotted per service are located in Attachments at the end of this Handbook.

A. Recovery Support Services -

DOCUMENTATION AND REPORTING

All Providers must document and report the following information for each client.

- Client voucher number.
- date of service as well as begin and end time
- Specific service(s) provided or action taken and name of person providing service
- If service provided in a group, number of people in group
- Identify family members participating and attendance records, if applicable
- Signed and dated progress notes, when applicable

1. Childcare

This service includes care and supervision provided to a client's child(ren), under 14 and for less than 24 hours per day, while the client is participating in treatment and/or recovery support activities.

ELIGIBILITY STANDARDS

- a. Must be a licensed child care provider by the Department of Children, Youth, and Families (DCYF). (DCYF standards can be found at: www.dcyf.state.ri.us)
- b. Compliance with the DCYF Children's Bill of Rights, RIGL 42-72-15.
- c. Compliance with the Rhode Island General Law 21-28-1.01 Uniform Controlled Substances Act, felony drug offenses.
- d. Compliance with the DCYF Criminal Records Checks/Child Abuse and Neglect Tracking System (CANTS).

2. Domestic Violence Counseling for Victims Only

This educational service is designed to assist and support clients in overcoming the affects of victimization by violence. The services may be gender -specific and should cover understanding emotions and feelings, identifying and understanding violent behavior, appropriate communication, healthy relationships and setting boundaries and expectations.

ELIGIBILITY STANDARDS

- a. The provider must have demonstrated training and experience in providing this service.
- b. Sessions must show regard for safety, group and individual difference, and team building.
- c. Provider must have a written plan for clients in crisis
- d. Groups should be limited to 8 participants.

- e. Written plan for services with focus on Evidence Based Practice.

3. Employment Services or Job Training

These activities are directed toward obtaining, improving and maintaining employment. Services include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, as well as training in a specific skill or trade.

ELIGIBILITY STANDARDS

- a. Use evidence based models to help clients achieve employment, job retention, or job advancement
- b. Persons providing this service must meet the following criteria:
 - i. Must have at least a high school diploma or GED.
 - ii. Knowledge of employment opportunities and network connections in Rhode Island.
 - iii. Use State and Federal Department of Labor resources.
 - iv. Be supervised.

4. Family, marriage counseling and education

Services provided to engage the whole family in addressing interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family reunification, and strategy. The goal is to reduce or minimize the negative effects of substance abuse on the relationships.

ELIGIBILITY STANDARDS

- a. Written curricula or plan for sessions or classes with use of evidence based practice recommended
- b. Sessions must show regard for safety, group and individual difference, and team building.

5. Housing Services

These services include transitional housing, recovery living centers, sober housing, short-term and emergency or temporary housing, and housing assistance or management. They should provide a safe, clean, and sober environment for adults with substance use disorders. Lengths of stay may vary depending on the form of housing.

This assistance also includes helping clients and families in locating and securing affordable and safe housing. Assistance may include accessing a housing referral service, relocation, tenant/landlord counseling, repair mediation, and other identified housing needs.

ELIGIBILITY STANDARDS (SOBER HOUSING)

In order for housing payments to be covered, the dwelling must meet the minimum housing standards required by state or federal law and conform to state and local fire and building codes, including codes relating to handicapped accessibility. Clients living in sober housing must be engaged in treatment. A minimum of 1 hour per week of individual or group treatment is required. In addition, all sober houses must

- a. be accessible to public transportation or the program plan must reflect how alternate transportation will be provided.
- b. provide for the safety and security of their residents.
- c. contain, at minimum, a kitchen and bathroom.
- d. maintain a sober living environment
- e. provide a copy of the receipt for housing payment, security deposit, or other expenses related to maintaining habitation, which must be maintained in the client record and be available to the client and for review during audits.
- f. post house rules in a public space at the dwelling.

6. Interpreter Services for the Hearing Impaired and Non-English Speaking clients

These services will increase the access to communication for hearing impaired and non-English speaking clients by providing quality interpretation.

ELIGIBILITY STANDARDS

- a. Service Requirements-all interpreters must have a Master Pricing Agreement (MPA) and be on the State Approved Vendor List
- b. Interpreters for the hearing impaired must be Licensed through the Department of Health Board of Examiners for Interpreters for the Deaf and Hard of Hearing and Registered at the Commission of the Deaf and Hard of Hearing.

7. Life Skills

Life skills services address client issues such as activities in daily living, budgeting, time management, interpersonal relations, household management and anger management. Curricula should reflect evidence based practices.

EXAMPLES

- a. Non-clinical educational sessions
- b. Social and recreational activities designed to create a positive use of leisure time and life skill building.
- c. Programs designed to create a positive use of leisure time through visual, written and performing arts as well as physical activities
- d. Social skills
- e. Personal budgeting and money management
- f. Goal setting and attainment
- g. Communication skills

ELIGIBILITY STANDARDS

- a. The life skills coach must have at least a Bachelor's degree in a human service field OR one year of care coordination or education/training experience in the field.

8. Mental Health Counseling/ Psychiatric Evaluation and Medication Visits

Services provided to address the mental health needs of a client as the primary focus, whether by providing an evaluation, acute stabilization, ongoing treatment or medication management. These services may exist in a variety of settings, such as traditional outpatient mental health centers or more intensive treatment units.

ELIGIBILITY STANDARDS

- a. Service Requirements:
 - (i) Written curricula or plan for sessions or classes with use of evidence based practice encouraged
 - ii. Sessions must show regard for safety, group and individual difference, and team building.
 - iii. Providers of mental health counseling must meet the MHRH licensing requirements

9. Parent Education and Child Development

An intervention or treatment provided in a psycho-educational group setting that involves clients and/or their families and facilitates the instruction of evidence-based parenting or child development knowledge skills. Parenting assistance is a service to

assist with parenting skills; teach, monitor, and model appropriate discipline strategies and techniques; and provide information and advocacy on child development, age appropriate needs and expectations, parent groups, and other related issues.

ELIGIBILITY STANDARDS

a. Service Requirements

- i. Written curricula or plan for sessions or classes with use of evidence based practice encouraged
- ii. Sessions must show regard for safety, group and individual difference, and team building.

10. Recovery Coach/Peer Mentor

This function provides one-on-one support directly to the client throughout his/her involvement in the recovery system. It includes follow-up phone calls after appointments, helping the client to reschedule appointments should conflicts occur, reminding the client of the option to exercise choice of provider at any point, and encouraging the client to seek re-assessment should the client feel the need for additional treatment or recovery support services. The primary purpose of the Recovery Coach/Peer Mentor is to provide support and help individuals gain access to needed resources, services or supports that will help achieve recovery.

PROVIDER ELIGIBILITY STANDARDS

a. Persons providing recovery coaching /mentoring services must:

- (i) demonstrate knowledge of substance abuse issues and community services
- (ii) Attend ATR RI provider training
- (iii) Be affiliated with and regularly supervised by a provider organization
- (iv) maintain dated and signed notes regarding actions taken and services provided
- (v) be clean and sober for a minimum of 1 year
- (vi) Submit requests for changes in services on behalf of client
- (vii) complete follow-up GPRA

11. Advanced Recovery Coach/Peer Mentor

Advanced recovery coaches must fulfill all the requirements of a regular recovery coach. In addition, comprehensive medical and social care coordination is provided to clients

to identify their needs, plan services, link the services system with the client and monitor service delivery. This is only needed when the client has complex needs that s/he cannot manage with the support of the recovery coach.

A. Education Requirements for Advanced Recovery Coaches

1. The advanced recovery coach/mentor must have at least a Bachelor's degree in a human service field OR one year of care coordination or education/training experience in the field of case management
2. Meet all the requirements for recovery coaches listed above.

B. Eligibility Standards for Clients for Advanced Recovery Coaches

Clients identified for this service must demonstrate a documented need for case management services. Instances that would demonstrate high-need include but are not necessarily limited to persons with co-occurring diagnosis; at high risk of relapse; who have reduced ability or capacity due to physical, emotional or mental function; clients with high-stress situations regarding finances or legal issues and homelessness. Provider must thoroughly document the need for this intensive service.

12. Spiritual and Faith-Based Support

These services assist the client to develop spiritually. Activities include but are not limited to, establishing or re-establishing a relationship with a higher power, acquiring skills needed to cope with life-changing incidents, adopting positive values or principles, identifying a sense of purpose and mission for one's life, and achieving serenity and peace of mind. Faith-based services include spiritual resources designed to help persons in recovery to better integrate their faith and recovery. Such services are usually provided in a religious or spiritual setting by spiritual leaders or other staff who are knowledgeable about the spiritual values of the community and are equipped to assist individuals in finding spirituality, faith or spirituality to assist clients with drawing on the resources of their faith tradition and community to support their recovery; and pastoral or spiritual counseling and guidance.

ELIGIBILITY STANDARDS

a. Service Requirements:

- i. For individual and group activities, written curricula or plan for retreats, workshops, or classes.
- ii. Activities must show regard for group and individual differences.
- iii. Activity design must be approved by team supervisor or leader.
- iv. Activities must be recognized and approved by the organization's governing body.

- b. Providers of spiritual support must be recognized by the organization's governing body as being trained and qualified to provide this support service.

13. Transportation

Commuting services are provided to clients who are engaged in treatment and/or recovery support-related appointments and activities and who have no other means of transportation.

14. Youth Enrichment

These programs create a positive use of leisure time through visual, written and performing arts as well as physical activities for young clients. The goal is to assist them in the development of social skills.

V. *CLINICAL TREATMENT*

A. Service Philosophy

All substance abuse treatment agencies participating in the RI ATR voucher system should recognize the importance of:

1. Services that are based on current research and evidence demonstrating that the treatment approach is a sound, culturally appropriate, and age appropriate method for addressing substance abuse problems.
2. Programs that provide all clients with access to a full range of habilitation and rehabilitation services according to a treatment plan that addresses each client's individual needs.
3. Programs that provide leadership in the substance abuse field by virtue of offering high quality services; being willing to participate in program evaluation activities, and putting forth a consistent effort to meet or exceed minimum requirements.

B. Requirements

1. Family Services

All programs should provide a range of family interventions to assist clients in being able to live in a functional family that can support their efforts to achieve and maintain sobriety/recovery. Programs should offer one or more of the following: family counseling, couples/marriage therapy, family/parent education.

2. Group Counseling

It is important for programs to be able to provide group counseling that can meet a variety of the different rehabilitation needs common to substance abuse clients. Examples may include: therapeutic groups that focus on behavior such as anger management, grief resolution; topic specific groups that address issues such as how to seek and secure gainful employment or dealing with stress, and relationship issues such as loneliness, or difficulty being assertive; **educational groups** where clients can develop skills such as time management or budgeting; **gender specific groups** that address issues common to men or women; and many others. All funded programs need to offer a range of group counseling activities for their clients.

3. Case Management

All clinical providers must ensure clients receive case management services either within their program/agency or through a referral to another provider. It will be incumbent upon the primary provider to maintain oversight of case management services. The treatment case manager, recovery coach and care/service coordinator must collaborate to ensure that individuals receive comprehensive care.

Case management services include such activities as helping clients to secure access to appropriate treatment, to educational services, employment services, job training programs, health and welfare services and others based on the needs identified in the client's initial assessment and supplemented with other needs identified during their time in treatment. A primary counselor, nurse, or a trained case manager can provide these services.

4. Employment Eligibility Standards

Staff providing any clinical services must meet the minimum requirements in the Rhode Island Department of Mental Health, Retardation and Hospitals Rules and Regulations for the Licensing of Behavioral Health Organizations Section 9.0 Staff Competency and Training, located at www.mhrh.ri.gov/license/pdf/MHRH_BHrules.pdf

5. Toxicology Screens

Random, supervised toxicology screens once a week are required and included in each clinical service rate listed below. If additional screens are needed a request must be submitted to MHRH and deemed clinically necessary.

C. Clinical Services

1. Adult Residential

Each program serving residential clients should adhere to the Rhode Island Department of Mental Health, Retardation and Hospitals (RI MHRH) Rules and Regulations for the Licensing of Behavioral Health Organizations Services 38.0 Section Residential Services. A minimum of twelve hours of clinical services per week is required; this includes two hours of individual session.

Residential programs which require clients to work or contribute to the program cost are permitted to treat ATR clients similarly.

2. Day/Partial Hospitalization

Clients should receive 20 or more hours of clinically intensive programming per week consisting of a minimum of two clinical service hours per day with at least one individual session per week. Direct access to psychiatric, medical and laboratory services should be available.

3. Level I: Outpatient

Each program serving clients appropriate for Level I services should adhere to RI MHRH Rules and Regulations for the Licensing of Behavioral Health Organizations Services Section 31.0 General Outpatient Services. Clients must receive up to nine hours of clinical services per week.

4. Level II: Intensive Outpatient

Each program serving clients appropriate for Level II services should adhere to the RI MHRH Rules and Regulations for the Licensing of Behavioral Health Organizations Services Section 34.0 Intensive Outpatient Services. Clients must receive a minimum of nine clinical services and up to twenty per week with at least one individual session per week. Group sessions should have a maximum of twelve participants.

5. Medication Assisted Treatment

Each program serving these clients should adhere to RI MHRH Rules and Regulations for the Licensing of Behavioral Health Organizations Services Section 43.0 Opioid Treatment Programs. Patients Due to the limited length of the ATR voucher, clinicians must be working with the patient upon intake to secure alternative funding options and develop a transition plan for methadone dosing upon discharge from ATR. Clinicians should document this transition plan in the patient record to be available for review during clinical chart audits. Providers are expected to adhere to the SAMHSA/CSAT regulations (42CFR Part 8) and the MHRH regulations for methadone dosing, to include intake and discharge policies and procedures.

6. Aftercare/Continuing Care

Continuing care offers clients an opportunity to maintain an ongoing relationship with their provider. The key components of this program are: phone based assessment and counseling, face-to-face sessions as needed and linkages to case management to meet their full array of needs (e.g. housing, employment, access to medical care, etc.). Clients who complete primary care or dropout prematurely are eligible for this program. A minimum of one phone screen per month must be performed.

7. Co-Occurring Disorder Enhanced IOP

Each program serving clients appropriate for Level I services should adhere to RI MHRH Rules and Regulations for the Licensing of Behavioral Health Organizations Services Section 32.0 Services for Persons with Co-occurring Disorders: Integrated Dual Diagnosis Treatment. Programs must be licensed to provide both mental health and addiction treatment services. Programs should display, distribute and utilize literature addressing both disorders. Programs must have the ability and capacity to provide care to individuals with moderate to high symptom acuity, including those with a history of suicidal ideation and persistent mental illnesses. Psychopharmacologic and addiction pharmacotherapy interventions should be provided on-site, except for methadone, which require specific federal approvals. Clients must receive nine or more hours of structured programming per week with a minimum of three clinical hours per day consisting of at least one individual session per week.

8. Adolescent Residential Treatment

Each program serving clients appropriate for Level I services should adhere to the State of Rhode Island and Providence Plantations Department of Mental Health, Retardation and Hospitals Rules and Regulations for the Licensing of Behavioral Health Organizations Services Section 38.0 Residential Services and 38.18 through 38.25 which apply only to Substance Abuse Residential Programs that serve minors. A minimum of twelve hours of clinical services per week is required; this includes two hours of individual session.

Rev. 12/31/07 (CEW)

6/10/08 (ETK)

6/09 (JBF and LRS)

8/09 (JBF)

**THE RHODE ISLAND ACCESS TO RECOVERY PROGRAM GRANT #TI19455-01
VOUCHER REQUEST TO CHANGE OR EXTEND RECOVERY SUPPORT SERVICES**

Date: _____

Agency: _____ Phone: _____ Fax: _____

REQUIRED FIELDS FOR AGENCY MAKING REQUEST

Email of person making request: _____ Client Voucher ID: _____

Original Admit Date: _____ Client Name: _____

I have no funding for this service _____ Client signature

Client's Home Phone: _____ Client's Cel/Pager: _____

Client's Address: _____

Service being requested:	Name of service provider:

Service being cancelled:	Name of service provider:

Note: Voucher change will be rejected if service is not matched to a provider

Reasons for voucher change: _____

Signature of person making request: _____ Title: _____

DBH Treatment Unit Reviewer: _____

Action Accepted ☐
taken: Rejected ☐ missing information ☐ inappropriate change ☐

Comments: _____

Voucher changes take approximately 1 week to process. Once the voucher change is approved, you will receive an email notification. At which time, you are responsible for contacting and referring the client to the new/additional provider(s),

(Until 9/1/09 fax to 462-6559) Effective 9/1/09 send to: Phoenix House
Phone: 421-5255x3257 Fax: 453-4910 e-mail: dmsherlock@phoenixhouse.org

ATTACHMENT 1

Date: _____

**THE RHODE ISLAND ACCESS TO RECOVERY PROGRAM GRANT #TI19455-01
VOUCHER REQUEST TO CHANGE OR EXTEND CLINICAL SERVICES**

Agency: _____ Phone: _____ Fax: _____
Email: _____ Client Voucher ID: _____
Client Name: _____ Original Admit Date: _____
Level of care currently receiving: _____ LOC now indicated: _____

Please indicate recommended change in services in narrative form below.

Criteria: ASAM Level of Service. Please check high, medium or low and provide narrative for each dimension to provide justification for change in or extension of service.

Dimension 1 ☐ Low ☐ Medium ☐ High ☐
Comment: _____

Dimension 2 ☐ Low ☐ Medium ☐ High ☐
Comment: _____

Dimension 3 ☐ Low ☐ Medium ☐ High ☐
Comment: _____

Dimension 4 ☐ Low ☐ Medium ☐ High ☐
Comment: _____

Dimension 5 ☐ Low ☐ Medium ☐ High ☐
Comment: _____

Dimension 6 ☐ Low ☐ Medium ☐ High ☐
Comment: _____

Other reason for voucher change: _____

Counselor (sign) _____

Clinical Supervisor (sign) _____

Recommendations for voucher change: _____

REQUIRED FIELDS FOR AGENCY MAKING REQUEST

Email of person making request: _____
Client Voucher ID: _____ Original Admit Date: _____
Client Name: _____ Signature: _____
Client Home Phone: _____ Cel/Pager: _____
Client Address: _____
I have no funding for this service (client signature) _____

Service being requested:	Name of service provider:

Service being cancelled:	Name of service provider:

Note: Voucher change will be rejected if service is not matched to a provider

FOR OFFICE USE ONLY

DBH Treatment Unit Reviewer: _____

Action Accepted ☐
taken: Rejected ☐ missing information ☐ inappropriate change ☐

Comments: _____

Voucher changes take approximately 1 week to process. Once the voucher change is approved, you will receive an email notification. At which time, you are responsible for contacting and referring the client to the new/additional provider(s),

(Until 9/1/09 fax to 462-6559) Effective 9/1/09 send to: Phoenix House
Phone: 421-5255x3257 Fax: 453-4910 e-mail: dmsherlock@phoenixhouse.org

ATTACHMENT 2

ATR VOUCHER EXTENSION FORM

No vouchers will be extended unless they meet the following guidelines:

1. Due to long term residential treatment (must be greater than 3 months, client was unable to utilize program services.
2. Client's voucher was activated more than 2 months before client's release from prison.
3. Client could not access a service due to technical problems with the voucher or provider.

Name of client: _____ Date: _____

Voucher number: _____ Staff person initiating request: _____

Agency and e-mail for staff person _____

Reason for extension:

Services requested:

Name of service Provider

Verification of circumstances:

Signature indicates approval of the request.

Rebecca Boss Date:

Lori Dorsey Date:

Judith Fox Date:

Extension needs 2 signatures for approval. Approved extensions are given to Elizabeth Kretchman. Staff person initiating request is responsible for confirming extension with client.

Send form to Judith Fox at jfox@mhrh.ri.gov or 462-3204(fax)

ATTACHMENT 3

All Recovery Support Services on the voucher are **limited to a maximum of 6 months** with the exception of recovery coaching which can extend up to 9 months.

Recovery support service type	Unit of service	Maximum units	Rate per hour Max. hours
Child care: These services include care and supervision provided to a client's child (ren), less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment and/or recovery support activities. These services must be provided in a manner that complies with RI law regarding child care facilities. This also covers after school programs for school-aged kids.	15 minute increments	maximum of \$100/child (20 units)/week Limit of 12 weeks with one time renewable option	\$20 per hour per child 5 hours in 12 weeks with one time renewable option per child
Domestic violence counseling: This educational service is designed to assist and support participants to overcome the affects of being victimized by violence (this service is not available for offenders). The services may be gender-specific and may cover understanding emotions and feelings, identifying and understanding violent behavior, appropriate communication, healthy relationships and setting expectations. The provider must have demonstrated training and experience in providing this service and possess the capacity to work with other system and community services where appropriate. This service cannot include efforts to engage the victim with his/her batterer.	15 minute increments	20/month (of either or a combination) Limit of 12 weeks with one time renewable option	\$40 per hour individual (\$10 per 15-minute unit) \$20 per hour group (\$5 per 15-minute unit) 5 hours per month (of either or a combination 12 weeks with one time renewable option
Employment Services and Job Training: These activities are directed toward improving and maintaining employment. Services include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, résumé writing, interviewing skills, and tips for retaining a job. Other services include training in a specific skill or trade to assist individuals to prepare for, find, and obtain competitive employment such as skills training, technical skills, vocational assessment, and job referral.	15 minute increments	28	\$25
Family, marriage counseling, and education: Services provided to engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family reunification, and strategies to reduce or minimize the negative effects of substance abuse use on the relationship.	15 minute increments	20/month (of either or a combination)	\$53 per hour for individual (\$13.25 per 15-minute unit) \$32 per hour for group (\$8.00 per 15-minute unit) 5 hours per month (of either or a combination)

Recovery support service type		Unit of service	Maximum units	Rate per hour Max. hours
GPRA follow-up: SAMHSA survey administration with clients. Must be completed between months 5-8 and before discharge GPRA. GPRA discharge: Completed after follow-up GPRA when client is no longer receiving services		Fifteen minute increments	8 per client (not valid until month 5)	\$28 2 hours (sober houses keeping client for 20 weeks and completing timely followup GPRA – receive \$200 in lieu of regular rate)
		Gift certificate	1 (or possibly 2 if a client requires both a discharge and a follow up GPRA)	\$20 gift certificate of the provider's choosing
Housing Assistance and Sober Housing: These services include transitional housing, recovery living centers or homes, supported independent living, sober housing, short-term and emergency or temporary housing, and housing assistance or management. These services provide a safe, clean, and sober environment for adults with substance use disorders. Lengths of stay may vary depending on the form of housing.		Daily transitional	20/client of any combination of transitional or Sober Housing	Daily transitional Adults \$45/night Parents w/kids \$60/night Adolescents \$100/night Sober houses (effective 5/8/09) \$110/ weeks 1-8 \$75 weeks 9-16 \$40 weeks 17-20
		Hour	20	\$45
Housing Assistance or Services: This assistance also includes helping families in locating and securing affordable and safe housing, as needed. Assistance may include accessing a housing referral service, relocation, tenant/landlord counseling, repair mediation, and other identified housing needs Interpreter services for the hearing impaired and English as a second language.		Hour	12 with one time renewable option	\$50 12 hours, renewable once
		15 minute increments	20/month (of either individual, group or a combination. Group = 10 people or less)	\$40/hour individual (\$10 per 15 minute unit.) \$20/hour group (\$5 per 15 minute unit.)
Med Visit, MD		15 minute increments	3	49.05
Med Visit, RN		15 minute increments	3	20.78
Med Visit RN/CNS		15 minute increments	3	33.66

Recovery support service type		Unit of service	Maximum units	Rate per hour Max. hours
Mental Health – Group MH Counseling		50-60 minutes	Twelve sessions with one time renewable option	32.90
	Mental Health – Individual Counseling (hour)	50-60 minutes	Twelve with one time renewable option	79.95
	Mental Health – Individual Counseling (half hour)	30 minutes	Twelve with one time renewable option	40.00
	Mental Health – MD Psychiatric Evaluation/Assessment.	60 minutes	One	338.50
Parent Education and Child Development: An intervention or treatment provided in a psycho-educational group setting that involves clients and/or their families and facilitates the instruction of evidence-based parenting or child development knowledge skills. Parenting assistance is a service to assist with parenting skills; teach, monitor, and model appropriate discipline strategies and techniques; and provide information and advocacy on child development, age appropriate needs and expectations, parent groups, and other related issues.		15 minute increments	20/month (of either individual, group or a combination. Group = 10 people or less)	\$40/hour individual (\$10 per 15 minute unit.) \$20/hour group (\$5 per 15 minute unit.)
Recovery Coach: Providing one-on-one support directly to the client throughout their involvement in the recovery system including follow-up phone calls after each appointment, helping the client to reschedule appointments should conflicts occur, frequently reminding the client of his/her option to exercise choice of provider at any point in the program, and encouraging the client to seek re-assessment should the client feel the need for additional treatment or recovery support services.		Fifteen minute increments Bundled rate—travel not reimbursed.	140 plus 25 upon GPRA completion and submission of voucher change	\$28 hour (\$7 per 15-minute unit)
Recovery coach, Advanced: Comprehensive medical and social care coordination is provided to clients to identify their needs, plan services, link the services system with the client, monitor service delivery, and evaluate the effort. This is only called for when the client has complex needs that s/he cannot manage with the support of the treatment case manager and the Recovery Coach		15 minute units	140 plus 25 upon GPRA completion and submission of voucher change	\$40 hour (\$10 per 15-minute unit)

Recovery support service type		Unit of service	Maximum units	Rate per hour Max. hours
Spiritual and faith-based support: These services assist an individual or group to develop spiritually. Activities might include, but are not limited to, establishing or reestablishing a relationship with a higher power, acquiring skills needed to cope with life-changing incidents, adopting positive values or principles, identifying a sense of purpose and mission for one's life, and achieving serenity and peace of mind. Faith-based services include those provided to clients and using spiritual resources designed to help persons in recovery to integrate better their faith and recovery. Such services are usually provided in a religious or spiritual setting by spiritual leaders or other staff who are knowledgeable about the spiritual values of the community and are equipped to assist individuals in finding spirituality. Services include, but are not limited to, social support and community-engagement services, faith, or spirituality to assist clients with drawing on the resources of their faith tradition and community to support their recovery; mentoring and role modeling; and pastoral or spiritual counseling and guidance.		15 minute increments	20/month (of either or a combination)	individual \$28 hour (\$7 per 15-minute unit) group \$20 hour (\$5 per 15-minute unit) 5 hours a month (of either or in combination)
Transportation: Commuting services are provided to clients who are engaged in treatment- and/or recovery support-related appointments and activities and who have no other means of obtaining transportation.		Monthly pass	1/month for 6 months	\$55
Youth Enrichment programs: These programs will be designed to create a positive use of leisure time through visual, written and performing arts as well as physical activities for our young people. The goal is to counteract the wide variety of negative influences effecting our youth and assist them in the development of social skills.		Per activity	6	\$20

All Treatment Services on the voucher are limited to a maximum of 6 months, with the exception of continuing care which can extend up to 9 months.

Treatment service type	Unit of service	Maximum units	Rate
Initial Assessment – completed only when GAIN is justified as inappropriate	1.5 hours	One Unit	111.55
50 – 60 minute Individual Counseling Session	50-60 minutes	Twelve Units*	61.95
30 minute Individual Counseling Session	30 minutes	Twenty-four Units*	40.25
Group Counseling Session– maximum of twelve participants	60-90 minutes	Twelve Units*	37.15
Adult Residential – minimum 12 hours clinical service/week to include 2 hrs. individual	Per diem	Ninety days/Units	105.80
Adolescent Residential – same clinical requirements as adult residential	Per diem	Ninety days/Units	114.00
IOP – minimum of three hours clinical service hours per day with at least one individual session per week, minimum of nine hours per week	Per diem	Sixty days/Units	94.50
Day Treatment – minimum of four clinical service hours per day with at least one individual session per week, minimum of twenty hours per week	Per diem	Twenty days/Units	105.25
Continuing Care – minimum one phone screen per month using Department approved model	15 minutes	Twelve Units/Weeks	20.25
Methadone Maintenance – frequency of clinical services should be individually assessed, justified and documented on treatment plan	Weekly	Eight Units/Weeks	80.50 for ,months one and two 55.00 for months three and four with co-pay allowable 30.00 for months five and six with co-pay allowable (month 6 contingent on GPRA)
Family/Couple counseling	60-90 minutes	Twelve Units*	77.00
Urinalysis Screen, only used when frequency of screening is required or clinically necessary beyond once weekly	As indicated	Twelve Units*	10.00

*One time renewal allowed with an approved request.

Co-Occurring Treatment Service Type	Unit of service	Maximum units	Rate
COD Enhanced IOP - Minimum of three clinical service hours per day with at least one individual sessions per week, using Evidence-based practice identified and approved by the Department , minimum of nine hours per week	Per Diem	Twelve Units	160.00

ACCESS TO RECOVERY (ATR)
Key MHRH Staff

Charles Williams Grant Administrator Tel: 462-0759 Fax: 462-3204 cwilliams@mhrh.ri.gov	Judith Fox Project Director Tel: 462-1049 Fax: 462-3204 jfox@mhrh.ri.gov
Steven Dean Fiscal Administrator Tel: 462-0486 Fax: 462-3204 sdean@mhrh.ri.gov	Contact for payment questions Email address for provider payment breakdowns: dbhcontracts@mhrh.ri.gov
Rebecca Boss Clinical Administrator Tel: 462-0723 Fax: 462-3204 rboss@mhrh.ri.gov	Contact for clinical issues, except voucher changes
Lori Dorsey Clinical Supervisor Tel: 462-0645 Fax: 462-6078 ldorsey@mhrh.ri.gov	Contact for voucher changes for vouchers created before 7/1/09 and clinical issues
Elizabeth Kretchman Information Tech. Admin. Tel: 462-0644 Fax: 462-6078 ekretchman@mhrh.ri.gov	Contact for voucher management questions
Corinna Roy GPRA/Outreach Admin. Tel: 462-0455 Fax: 462-6078 croy@mhrh.ri.gov	Contact for GPRA questions and provider applications
Lisa Stevens GPRA/Project Assistant Tel: 462-6951 Fax: 462-3204 lstevens@mhrh.ri.gov	Contact for GPRA questions and provider applications

KEY CONTRACT STAFF

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ATTACHMENT 6

